

OFFICIAL USE ONLY:

Reviewer's Signature: _____

Not Approved: _____

Approved: _____

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
OCCUPATIONAL THERAPY COURSE APPROVAL REQUEST
(HOME-STUDY COURSES EXCLUDED)**

1. Course Title: _____

2. Date(s) and Hours of Instructions **Not** Including Lunch or Breaks:

3. Location(s): _____

4. Sponsoring Organization: _____

Address, Phone Number and Contact Person: _____

5. Course Instructor(s): _____

6. Course Instructor Background Information (i.e. education, employment, publication and instruction experience, attach CV)

7. Specifically, how will monitoring of course participation and completion be handled:

**ALL INFORMATION MUST BE COMPLETED ON THE FORM WITH THE
EXCEPTION OF COURSE CONTENT, OBJECTIVES AND INSTRUCTOR
BACKGROUND.**

8. Course Content/Outline (may attach): _____

9. Course Objectives and Goals (may attach): _____

10. Indicate if this continuing education activity has been approved for credit by any other professional organizations or licensing boards: _____

11. Attach a copy of all handouts or written course materials along with an outline of the visual aids to be utilized.

12. Enclose a **non-refundable** \$30.00 per course processing fee. Make check payable to:

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

The processing fee is not required if there is no charge or collection for attendance.
Allow not less than 60 days for request to be processed.

13. Enclose a self-address and stamped envelope so that a reply may be sent to you.

14. Mail this form and payment to:

**CONTINUING EDUCATION AND RESOURCES DIVISION
LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
P.O. BOX 30250
NEW ORLEANS, LA 70190-0250**

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